

<b>IAB USE ONLY</b>	Institution/Parole Region: _____ Log #: _____ Category: _____
	<b>FOR STAFF USE ONLY</b>

You may appeal any California Department of Corrections and Rehabilitation (CDCR) decision, action, condition, policy or regulation that has a material adverse effect upon your welfare and for which there is no other prescribed method of departmental review/remedy available. See California Code of Regulations, Title 15, Section (CCR) 3084.1. You must send this appeal and any supporting documents to the Appeals Coordinator (AC) within 30 calendar days of the event that lead to the filing of this appeal. If additional space is needed, only one CDCR Form 602-A will be accepted. Refer to CCR 3084 for further guidance with the appeal process. No reprisals will be taken for using the appeal process.

**Appeal is subject to rejection if one row of text per line is exceeded.**

**WRITE, PRINT, or TYPE CLEARLY in black or blue ink.**

Name (Last, First): _____	CDC Number: _____	Unit/Cell Number: _____	Assignment: _____
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**State briefly the subject of your appeal (Example: damaged TV, job removal, etc.):**

**A. Explain your issue (If you need more space, use Section A of the CDCR 602-A):** \_\_\_\_\_

**B. Action requested (If you need more space, use Section B of the CDCR 602-A):** \_\_\_\_\_

**Supporting Documents: Refer to CCR 3084.3.**

☐ Yes, I have attached supporting documents.

List supporting documents attached (e.g., CDC 1083, Inmate Property Inventory; CDC 128-G, Classification Chrono):

☐ No, I have not attached any supporting documents. Reason : \_\_\_\_\_

**Inmate/Parolee Signature:** \_\_\_\_\_ **Date Submitted:** \_\_\_\_\_

☐ **By placing my initials in this box, I waive my right to receive an interview.**

STAFF USE ONLY

**C. First Level - Staff Use Only**

**Staff – Check One: Is CDCR 602-A Attached?** ☐ Yes ☐ No

This appeal has been:

☐ Bypassed at the First Level of Review. Go to Section E.

☐ Rejected (See attached letter for instruction) Date: \_\_\_\_\_ Date: \_\_\_\_\_ Date: \_\_\_\_\_ Date: \_\_\_\_\_

☐ Cancelled (See attached letter) Date: \_\_\_\_\_

☐ Accepted at the First Level of Review.

Assigned to: \_\_\_\_\_ Title: \_\_\_\_\_ Date Assigned: \_\_\_\_\_ Date Due: \_\_\_\_\_

**First Level Responder:** Complete a First Level response. Include Interviewer's name, title, interview date, location, and complete the section below.

Date of Interview: \_\_\_\_\_ Interview Location: \_\_\_\_\_

Your appeal issue is: ☐ Granted ☐ Granted in Part ☐ Denied ☐ Other: \_\_\_\_\_

See attached letter. If dissatisfied with First Level response, complete Section D.

Interviewer: \_\_\_\_\_ Title: \_\_\_\_\_ Signature: \_\_\_\_\_ Date completed: \_\_\_\_\_  
(Print Name)

Reviewer: \_\_\_\_\_ Title: \_\_\_\_\_ Signature: \_\_\_\_\_  
(Print Name)

Date received by AC: \_\_\_\_\_

**AC Use Only**

Date mailed/delivered to appellant \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**D. If you are dissatisfied with the First Level response**, explain the reason below, attach supporting documents and submit to the Appeals Coordinator for processing within 30 calendar days of receipt of response. If you need more space, use Section D of the CDCR 602-A.

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**Inmate/Parolee Signature:** \_\_\_\_\_ **Date Submitted :** \_\_\_\_\_

**E. Second Level - Staff Use Only**

**Staff – Check One: Is CDCR 602-A Attached?** ☐ Yes ☐ No

This appeal has been:

- ☐ By-passed at Second Level of Review. Go to Section G.  
☐ Rejected (See attached letter for instruction) Date: \_\_\_\_\_ Date: \_\_\_\_\_ Date: \_\_\_\_\_ Date: \_\_\_\_\_  
☐ Cancelled (See attached letter)  
☐ Accepted at the Second Level of Review

Assigned to: \_\_\_\_\_ Title: \_\_\_\_\_ Date Assigned: \_\_\_\_\_ Date Due: \_\_\_\_\_

Second Level Responder: Complete a Second Level response. If an interview at the Second Level is necessary, include interviewer's name and title, interview date and location, and complete the section below.

Date of Interview: \_\_\_\_\_ Interview Location: \_\_\_\_\_

Your appeal issue is: ☐ Granted ☐ Granted in Part ☐ Denied ☐ Other: \_\_\_\_\_

See attached letter. If dissatisfied with Second Level response, complete Section F below.

Interviewer: \_\_\_\_\_ Title: \_\_\_\_\_ Signature: \_\_\_\_\_ Date completed : \_\_\_\_\_  
(Print Name)

Reviewer: \_\_\_\_\_ Title: \_\_\_\_\_ Signature: \_\_\_\_\_  
(Print Name)

Date received by AC: \_\_\_\_\_

**AC Use Only**

**Date mailed/delivered to appellant** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**F. If you are dissatisfied with the Second Level response**, explain reason below; attach supporting documents and submit by mail for Third Level Review. It must be received within 30 calendar days of receipt of prior response. Mail to: Chief, Inmate Appeals Branch, Department of Corrections and Rehabilitation, P.O. Box 942883, Sacramento, CA 94283-0001. If you need more space, use Section F of the CDCR 602-A.

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**Inmate/Parolee Signature:** \_\_\_\_\_ **Date Submitted:** \_\_\_\_\_

**G. Third Level - Staff Use Only**

This appeal has been:

- ☐ Rejected (See attached letter for instruction) Date: \_\_\_\_\_ Date: \_\_\_\_\_ Date: \_\_\_\_\_ Date: \_\_\_\_\_ Date: \_\_\_\_\_  
☐ Cancelled (See attached letter) Date: \_\_\_\_\_  
☐ Accepted at the Third Level of Review. Your appeal issue is ☐ Granted ☐ Granted in Part ☐ Denied ☐ Other: \_\_\_\_\_

See attached Third Level response.

**Third Level Use Only**

**Date mailed/delivered to appellant** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Request to Withdraw Appeal:** I request that this appeal be withdrawn from further review because; State reason. (If withdrawal is conditional, list conditions.)

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Inmate/Parolee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Staff Name: \_\_\_\_\_ Title: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_